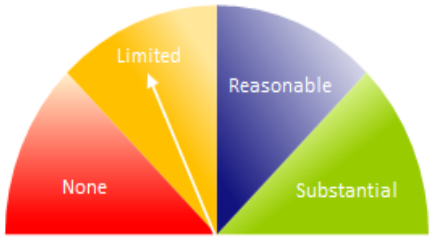
Continuing Healthcare (CHC) – Final Report 15th June 2022

Audit Objective

To provide assurance that in line with the Authority's legal responsibilities, the service users receive the service they are eligible for, and robust cases are presented to the Continuing Healthcare (CHC) panel.

Assurance Opinion



Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited. The Assurance Opinion is reflective of the arrangements between PCC and Powys Teaching Health Board.

Actions

Priority	Number
Priority 1	0
Priority 2	4
Priority 3	0
Total	4

Risks

Risks	Assessment
• Legal – Adult Services funds & delivers care that goes beyond its legal threshold as set out in the SSWBA. • Financial – Residents in Powys contribute to the cost of their care that should be free at the point of care. • Clinical governance – There may not be sufficient/necessary oversight of specific care tasks that should be the responsibility of the NHS to deliver/commission/organise.	Medium

Conclusion

1. Effective national policies and frameworks have been adopted, but despite continuing efforts by PCC, supporting local operating protocols have not been formally agreed.
2. Whilst there has been recent improvement, it is still difficult to make an effective judgement on activity and performance of CHC, as there is a lack of visibility and management reporting to enable effective decision making and problem resolution.
3. There are excessive delays and disputes over the determining of responsibility for funding care arrangements. The onus is on the Health Boards to determine the final decision and whilst awaiting a decision, the Local Authority is left to fund the interim arrangements. PCC may potentially be illegally funding care. Excessive delays may impact on the client if they are deemed financially liable for the cost of care.
4. The Council need to effectively manage debt with the Health Boards, so that CHC debts are easily reportable and historic debts are recovered/ written off.

Audit Scope

The aim of the review was to provide assurance over activities and monitoring arrangements including the suitability/effectiveness of:

- The Framework, terms of reference, scheme of operation and associated policies and procedures.
- Training and awareness.
- PCC role in the CHC assessment and decision-making process, including challenge presented by PCC, as regard eligibility for CHC funding.
- Disputes process.
- Internal processes for the monitoring of the Framework, the existence of primary healthcare needs and the budgetary consequences to the Authority.
- Management reporting and oversight.

The scope includes all service users aged 18 and over and have any relevant need.

Limitations

The depth of testing and subsequent assurance of this audit was limited by the nature of operational data presented for review and by CHC being a Health Authority led process. Therefore, we cannot offer any assurance around the potential bottlenecks as we were unable to perform all the testing within the scope. In addition, the Council could not provide specific CHC invoicing/debt information and therefore it could not be considered in detail.

Full details of our audit testing are available upon request. Our audit assurance framework and definitions can be found here (www.swapaudit.co.uk/audit-framework-and-definitions)

Key Findings

Policies & Procedures

The arrangements for CHC are set out by the Welsh Government in Continuing NHS Healthcare - The National Framework for Implementation in Wales (Framework). This stipulates Local Health Boards (LHBs), have the lead responsibility for CHC in their local area. LHBs must, however, work with Local Authorities, other NHS organisations and independent/voluntary sector partners to ensure effective operation of the Framework. The Framework sets out the process for LHBs working with local authority partners, to assess an individual's health needs and to ensure that the appropriate care is provided to meet those needs. The purpose of the Framework is to provide a consistent foundation for determining CHC eligibility for adults across Wales. The Decision-Making Tool (DST) and Practice Guidance support the Framework.

However, despite continuing efforts over the last 4 years by PCC to engage and move forward the process with Powys Teaching Health Board (PTHB), formally agreed Standard Operating Procedures (SOP) have never been in place between PCC and PTHB, and there remain areas within the procedure where agreement has yet to be achieved. With lead responsibility, historically reliance has been placed on PTHB for the interpretation of the Framework, but in recent years PCC have actively challenged any seemingly unacceptable decisions.

Training

In the past, training had been provided by PTHB, but approximately 2 years ago PCC commissioned its own training for PCC staff. It was stated that the new training gave PCC officers more knowledge around the framework and enabled them to provide more effective challenge to PTHB on the assessment and decision-making process on individual cases. An ongoing CHC training programme is in place within PCC, with specialist support provided by the Continuing Health & Complex Care Practitioners.

CHC Assessment Process

PCC works with the relevant Health Board/Clinical Commissioning Group with the aim of ensuring that the individual receives the appropriate care and support with the correct funding. Various issues about the CHC process were raised by the Senior Manager – Mental Health & Disabilities primarily concerning delays, lack of transparency and inconsistencies in the application of the Framework. These issues were reflected in an audit analysis of the available data that found the most common reasons for a delay was the 'awaiting of a DST' and 'disagreement on outcome of DST (level of need)'.

The Improvement Officer is responsible for maintaining a spreadsheet to record the progress of individual CHC cases where there are delays and disputes.

The Framework requires that a DST should be completed in no longer than 8 weeks from the initial trigger to agreeing a care package. The limited data available does give some indication of the scale of the delays. For the current financial year to 14th January 2022, based only on the timescale between the dates of the DST and the Health Boards QA Panel, of the 60 cases resolved, 10 were awarded in a period of between 3 to 12 months, 24 were completed within 0 to 3 months and there is no data on the remaining 26 cases. It should be noted that awaiting a DST is the most common reason for a delay and is not included in the above timelines.

Monitoring the Implementation of the Framework

Although recorded on case notes, there is no practical means of recording the initiation of the CHC process on WCCIS for monitoring purposes and therefore only delayed and disputed cases are actively monitored. Current processes do not provide operational visibility over all CHC cases, notably routine cases that do not come to the attention of the Improvement Officer/Senior Management. The data maintained by the Improvement Officer on the progress of CHC cases represents a significant step in the monitoring of cases but remains the only source of management information for CHC.

No data was available from other Welsh Local Authorities for comparative purposes.

Dispute Process

Paragraphs 8.7 & 8.8 of the Framework state that Local Health Boards (LHB) and Local Authorities (LA) should have in place locally agreed procedures/protocols for dealing with any formal disputes concerning CHC. These protocols should make clear how the LHB discharges its duty to consult with the LA and how the LA discharges its duty to co-operate with the LHB.

A local dispute resolution process is informally in place between the Council and PTHB, but there has never been a formally agreed process. A formal process is set out in an appendix to the draft SOP.

The Senior Manager - Mental Health & Disabilities (SMMHD) has an overarching role, within the Council, for CHC. Dealing with and escalating complaints/disputes with PTHB and other Health Boards represents a large element of the SMMHD's role. Data on disputed cases is routinely compiled by the Improvement Officer for information and monitoring purposes. An audit review of the data, noted that it demonstrates the escalation within the dispute process as senior managers through to director level, in both PCC and the relevant Health Board/ Clinical Commissioning Group, become involved in a bid to resolve the dispute. An analysis of the dispute data noted that as of 14th January 2022, there were 17 ongoing disputed cases, an average delay of 18 months with 'disagreement on the outcome of the DST' given as the main reason for a dispute.

Financial Reporting & Management of Debt

Issues with disputes and delays within the Health Board CHC process have financial implications for Health Boards, Local Authorities, and the client. From PCC's perspective, when CHC is not awarded, the Council will be responsible, where appropriate, for the individual's social care and for potentially a significant financial obligation over a period of many years. Notably, PCC remains responsible for the provision of social care during a delayed CHC assessment process, creating further pressure on already stretched resources and financial implications for the Authority. Where the CHC assessment process is delayed or not awarded, there are potentially significant financial implications for those clients required to contribute towards the cost of their social care.

In instances where a CHC package is agreed retrospectively by a HB/CCG, invoices are raised by the Council as a means of obtaining reimbursement for the cost of the social care package provided to the client, whilst the CHC assessment was ongoing.

Assurances were given that standard PCC processes are in place for the raising of invoices and collection of the debt. An Audit request was placed with Finance for data on CHC related invoices raised and outstanding invoices for all Health Boards, Clinical Commissioning Groups and Local Authorities. Limited information was provided but PCC financial reporting was unable to provide the specific information requested. An Internal Audit report on Debt Management, dated December 2019, noted that it appears that PTHB debt is not as actively pursued by the Council as other debts. The report recommended that all debt is pursued in line with the Council's approved guidance. Audit follow up processes found, in December 2021, this recommendation had not been implemented and was still being considered.

Monitoring of funding

PCC do not maintain a budget for CHC but monitors funding via the Council's financial efficiency tracker. It's not evident why the monitoring of CHC funding is recorded in this manner, but it's described on the tracker as: "Funding Body Review - Working alongside partners to support the accessing of correct funding for the care and support of Powys residents." The sum included in the tracker for 2021/22 is £1,070,000. It should be noted that alongside changes in funding arising from a DST, changes arising from other related sources are also recorded within the same tracker and consequently, there is a lack of transparency for internal monitoring purposes as regard the information recorded. Information for the tracker is compiled for Finance purposes by the Improvement Officer within Adult Services. Responsibility for financial monitoring lies with the Head of Service. Information on the tracker is reported monthly to the Head of Service, Director and to the Social Services Board.

Appendix A - Findings & Action Plan

1. Policies & Procedures	Action			
Despite continuing PCC efforts to progress this, formally agreed Standard Operating Procedures (SOP) have never been in place between PCC and PTHB. Draft SOP have been produced but have yet to be agreed.	PCC will continue to work alongside all the CHC teams within PtHB to establish a formal Standard Operating Procedure which includes a dispute protocol. As the CHC framework is a health process we have to rely on the Health Board when it comes to timescales and priority of this piece of work, however PCC will reiterate its priority to us during regular discussions that take place between senior managers of the two organisations.			
	Priority	2	**SWAP Reference**	
	Responsible Officer		N/A as PtHB lead	
	Timescale		Ongoing	

2. Monitoring the Implementation of the Framework	Action			
WCCIS does not support CHC, consequently information for the monitoring of the progress of all CHC cases is not available. The information available provides management oversight over delayed/disputed cases but not for all cases within the CHC process.	Now the new 2022 CHC Framework has been published, Adult Services will review its internal processes to ensure the monitoring of progress on all CHC cases is as efficient as possible; it will also investigate the methods used to record CHC cases which may or may not include the use of WCCIS.			
	Priority	2	**SWAP Reference**	
	Responsible Officer		Rachel Williams	
	Timescale		31/12/22	

3. Dispute Process	Action			
Despite continuing PCC efforts to progress this, there is no formally agreed local dispute resolution process in place, reliance is placed on an informal process.	See Action 1. The Dispute process must be part of the Standard Operating Procedure.			
	Priority	2	**SWAP Reference**	
	Responsible Officer		N/A as PtHB lead	
	Timescale		Ongoing	

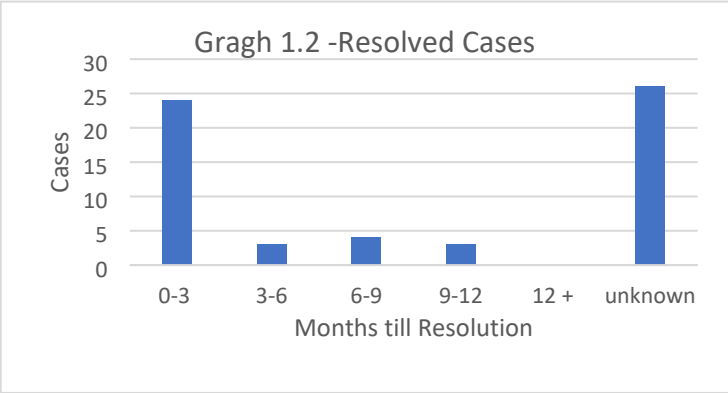
4. Financial Reporting & Management of Debt	Action			
Where appropriate, the relevant HB/CCG is invoiced as a means of reimbursing the cost of a social care package provided whilst the CHC process was ongoing. PCC has no effective financial reporting to identify these invoices and the associated debt.	The financial implications and any management of debt will also form part of the internal review of processes that Adult Services will undertake regarding the CHC process, as per Action number two.			
	Priority	2	**SWAP Reference**	
	Responsible Officer		Rachel Williams	
	Timescale		31/12/22	

Appendix B – Detailed Findings

Finding 1 – CHC Assessment Process

During the current financial year to 14th January 2022, a total of 60 cases (excluding fast track cases) have been resolved, the timescale for the awarding of these CHC cases was as follows:

Table 1.1 – Resolved Cases	
Number of months	**Number of cases**
0 - 3	24
3-6	3
6-9	4
9-12	3
12 +	0
unknown	26
Total	**60**

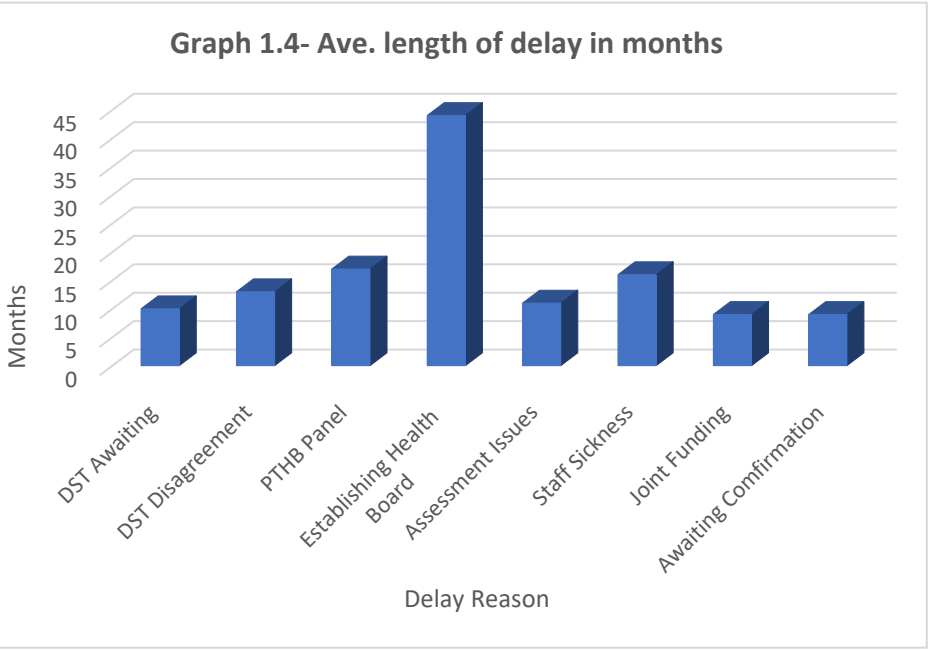


The timescales are based on the difference between the DST date and the Health Board QA Panel date. These dates do not take account of any delay in the completion of a DST and as evidenced below such delays are a significant issue. It should also be noted that the data relates to the period from April 2021 and the Covid 19 pandemic has impacted processes. The Framework states that cases should generally be completed in no longer than eight weeks, from initial trigger to agreeing a care package.

The 'unknown' cases were resolved during the current financial year and were not monitored by the Improvement Officer. In these cases, only the date of the Health Board Q A Panel is known and they were likely to be straightforward cases that did not require monitoring by the Improvement Officer.

The Improvement Officer monitors the progress of delayed CHC cases. As of 14th January 2022, ongoing delayed cases, awaiting resolution (including the disputed cases itemised in finding 2 below), can be summarised as follows:

Table 1.3- Delayed Cases		
Nature of delay	**Number of cases**	**Ave. length of delay in months**
Awaiting DST	11	10
Disagreement on outcome of DST (level of need)	9	13
PTHB QA panel not ratifying DST recommendation	3	17
Establishing which health board is responsible for the CHC process	2	44
Delay/dispute re completion of CHC checklist, best interest and potential loss of Direct Payment.	4	11
Staff sickness	2	16
Joint funding	4	9
Awaiting confirmation of CHC	1	9
Total	**36**	**13**



Fasttrack (palliative care) cases have not been included in this analysis and would because of their nature not appear on the monitoring spreadsheet. A Fasttrack case would only be monitored by the Improvement Officer in the event of a dispute.

Finding 2 – Disputed Cases

Data provided by the Improvement Officer indicated that as of 14th January 2022, there were 17 ongoing disputed cases that there were being actively monitored by the service. The nature of the ongoing dispute and the average length of the ongoing delay, up to 14th January 2022, between the request for a DST process to the award decision appears below:

Nature of dispute	Number of cases	Ave. length of delay in months
Awaiting DST	3	15
Disagreement on outcome of DST (level of need)	9	13
PTHB QA panel not ratifying DST recommendation	3	17
Establishing which health board is responsible for the CHC process	2	44
Totals	**17**	**18**